


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90157 031 \*\*\*150.00

**DOCUMENT # P02000062588**  
 1. Entity Name  
 ALL GRAND GARAGE DOORS, CORP.



Principal Place of Business  
 9901 NW 80TH AVE 3-A  
 HIALEAH GARDENS, FL 33016

Mailing Address  
 9901 NW 80TH AVE 3-A  
 HIALEAH GARDENS, FL 33016

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03212005 Chg-P CR2E034 (10/03)

4. FEI Number  
 38-3651785

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PAREDES, REYNALDO S  
 5531 SW 112TH AVE #114  
 MIAMI, FL 33178

7. Name and Address of New Registered Agent  
 Name *Paredes, Reynaldo S.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*13868 SW 53 Street*  
 City *Miramar* FL Zip Code *33027*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAULINO, FRANCISCO 9901 NW 80TH AVE #3-A HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAREDES, REINALDO S 5531 NW 112TH AVE #11A MIAMI, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUGO, MARGARITA M 5531 NW 112TH AVE #11A MIAMI, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13868 SW 53 Street</i> <i>Miramar, FL 33027</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President, Treasurer</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>13868 SW 53 Street</i> <i>Miramar, FL 33027</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Reynaldo S Paredes*  *4/14/05*  *305 890855*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #